

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>D B</i>	<i>10</i>	<i>9-28-00</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>Arafale</i>	<i>JC 826</i>	<i>10/25/00</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>LH</i>	<i>60105</i>	<i>11-30-00</i>

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/17/03
2	✓	✓	4/17/04
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4/2/04
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Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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